

# NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)  
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL  Leadership That Listens PAC		
(b) Number and Street Address P.O. Box 44084		2. FEC IDENTIFICATION NUMBER C00456905
(c) City, State and ZIP Code  Fort Washington MD 20749		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on \_\_\_\_\_ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: \_\_\_\_\_

FEC Identification Number: \_\_\_\_\_.

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)				
(ii)				
(iii)				
(iv)				
(v)				

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 10/17/2012.

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: 10/30/2008.

(d) **Qualification:** The committee met the above requirements on: 10/17/2012.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.		
TYPE OR PRINT NAME OF TREASURER Mr. Jeremiah B Pope	SIGNATURE OF TREASURER Mr. Jeremiah B Pope [Electronically Filed]	DATE 08/02/2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.